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August 22, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: CMS-1648-P: Medicare and Medicaid Programs; CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements; Proposed Rule

Dear Mr. Slavitt:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements proposed rule. APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. We are pleased that CMS continues to demonstrate its commitment to improving the quality of patient care across the healthcare continuum.

Home Health Quality Reporting Program (HHQRP)

APIC supports the Potentially Preventable 30-Day Post-Discharge Readmissions Measure for Post-Acute Care Home Health Quality Reporting Program. We support the definition of potentially preventable readmission (PPR) as a readmission for which the probability of occurrence could be minimized with adequately planned, explained, and implemented post discharge instructions, including the establishment of appropriate follow-up ambulatory care. We also support including “inadequate management of infections” and “inadequate management of other unplanned events” among the PPR categories. Many conditions can be prevented by ensuring that patients and their caregivers receive and understand the importance of appropriate infection prevention interventions.

We support the proposed assessment of the facility-level risk-standardized rate of unplanned, potentially preventable hospital readmissions for Medicare fee-for-service beneficiaries that take place within 30 days of a home health (HH) discharge. Specifically, both the numerator and denominator will



be risk-adjusted based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect probability of readmission. This will provide a valid assessment of a facility's quality of care in preventing unplanned, preventable hospital readmissions.

While our member expertise is not in discharge planning or utilization management, our members have experience with measures utilizing claims-based data. Our experience is that claims-based data is not an accurate way to collect some data elements. We appreciate the attempt to limit the data collection burden on HHAs, but caution that having data is not equivalent to having highly reliable and accurate data.^{1,2,3} Goto et al. concluded that administrative coded data might be valuable as a supplement to traditional HAI surveillance, but only after validation.¹

Recommendations:

- APIC supports measures to address readmission rates.
- APIC supports the use of risk-adjusted rates based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect probability of readmission
- APIC cautions on the sole use of claims-based data for payment determination.

Home Health Value-Based Purchasing Model

APIC supports the proposed measure adjustment to require annual reporting of Influenza Vaccination Coverage for Home Health Personnel, rather than quarterly reporting of vaccination coverage. This will standardize the reporting requirement to mirror reporting requirements of other institution types (i.e. LTCHs and IRFs).

Recommendation:

- APIC supports the change of reporting requirements from quarterly to annual reporting of Influenza Vaccination Coverage for Home Health Personnel.

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS's commitment to improving quality and promoting patient safety. Our organization continues to support transparency in healthcare improvement efforts, and reporting of healthcare-associated infections as a means to that end. APIC stands ready to assist CMS in all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

A handwritten signature in black ink that reads "Susan Dolan".

Susan Dolan, RN, MS, CIC, FAPIC
2016 APIC President

¹ Goto M, Ohl ME, Schweizer ML, Perencevich EN. Accuracy of Administrative Code Data for the Surveillance of Healthcare-Associated Infections: A Systematic Review and Meta-Analysis. *Clin Infect Dis* 2014;58:688–96.

² Stevenson KB, Khan Y, Dickman J, et al. Administrative coding data, compared with CDC/NHSN criteria, are poor indicators of health care associated infections. *Am J Infect Control* 2008; 36:155–64.

³ McKibben L, Horan TC, Tokars JI, Fowler G, Cardo DM, Pearson ML, et al. Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection control Practices Advisory Committee. *Am J Infect Control* 2005; 33:217-226.